MULTIPLE (DENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S) 0/516627

		SE WITH	TORWIT	10-675)		LAIMS	CANTO	U	151	66	27_		
	AS FILED	AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS FILED		AFTER		AFTER	
	IND. DEP.	IND.	DEP.	IND.	DEP.			ND.	DEP.	IND.	DEP.	IND.	DI
1 2	- , -					5						III.	+ 51
3	////	 				5							
4	9%					5.							
5	8					5:							<u> </u>
6	00					50							<u> </u>
7						51							├
8	2			[58							
4.0						59							_
11						60							
12				+		61							
13	9					62							
14	000					64		\dashv					
15	0					65		-					
16						66						+	
8	 } 					67							
9	8					68							
0	- R					69							
1	18					70	+						
2	(1)					72							
3	8					73	-						
4						74					<u>-</u> -		-
5	\mathcal{Q}					75							
7	8					76							•
3	- \/\}- -					77							
	199					78 79	-						
	U U					80	1						
						81						-+	
						82							
						83							
5						84	╀	_ _					
5					<u></u>	85 86	 	- -					
						87	 	+-			. -		
						88	 	\dashv					
						89							
_ _						90							
						91	 	4_					
-	- - -					92	 	+-					
_						93	 	+-					
				- -		95	1	+		- 			
						96		1		-+			
						97							
	 	_	_			98							
						99			_ _		_		
N7 (2)	#	1		1		100 TOTAL IND.		1	-	1		1	
- 37	- ← -		-	_		TOTAL DEP		4				-	
		l Alexandria		Title St.	200			18					
12		2.0				TOTAL CLAIMS						1,11	